



**Grant ID:** 18761  
**Applicant:** Yuliya Tester  
**Host Institution:** MSFHR-DO NOT USE  
**Competition:** 2019 Reach  
**Task:** Complete Full Application (RA)  
**Submitted:** 4/8/2019 11:22:43 AM

## CONTACT INFORMATION

<b>Name</b>	Ms. Yuliya Tester
<b>Organization Affiliations</b>	MSFHR-DO NOT USE
<b>E-mail Address</b>	ystester16@gmail.com
<b>Address</b>	123 T st Vancouver, BC V3A1W2
<b>Phone</b>	123-456-7891 Ext.
<b>Degrees</b>	PHD, Simon Fraser University (to be completed in May 2018), 2018,
<b>Web Address</b>	
<b>Health Professional</b>	No - N/A

## HOST INSTITUTION

Primary	Role	Organization	City	Country
Yes	Host Institution	MSFHR-DO NOT USE	Vancouver	Canada

## ACTIVITY INFORMATION

<b>Activity Title</b>	Please enter the title of your proposed dissemination event, activity or tool. [100 characters]
<b>Brief Summary</b>	<p>Please enter a short description of your proposed dissemination event, activity, or tool, highlighting key elements and outcomes you hope to achieve. The lay summary should be written in plain language so as to guide MSFHR staff in the facilitation of the peer review process, and provide reviewers with an introduction to your proposal.</p> <p><b>Reminders:</b></p> <ol style="list-style-type: none"> <li>1. Character limit for the Lay Summary section is <b>1250</b>. However, the character counter is set at 1500, to allow users to enter the maximum character limit of 1250.</li> <li>2. Scientific and/or mathematical symbols must be spelled out. These symbols may not be recognized or correctly displayed in the text box or the .pdf document.</li> <li>3. When copying and pasting huge amount of data into the text boxes, the character limit counter text will turn to red. This is a warning that you may have to adjust the amount of data your are copying and to monitor that you are not exceeding the character limit.</li> <li>4. Maintain consistent font style and size by ensuring formatting has been applied to all data before copying them in the text boxes.</li> <li>5. Before you submit your application, check the PDF to ensure that the text entered is displayed correctly.</li> </ol>

## KEYWORDS



MICHAEL SMITH FOUNDATION  
FOR HEALTH RESEARCH

BC's health research funding agency

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**Keywords**

Alzheimer's Disease, Behavioral and Social Studies, Aging, Brain, Biological Markers

## Activity Details (2019RA)

<b>Please answer the questions below to provide further details about the proposed event(s).</b>	
1. Will you be holding one or a series of dissemination events?	Series
2. Is the dissemination event(s) public or private?	Public
3. If applicable, list partners you have secured for the dissemination event(s).	If applicable, list partners you have secured for the dissemination event(s).
4. If applicable, list the date(s) (MM/YY) that you anticipate the dissemination event(s) to be held.	If applicable, list the date(s) (MM/YY) that you anticipate the dissemination event(s) to be held.

## BC HEALTH SYSTEM PRIORITIES 2018

<b>Is your current program of research related to any of the following BC health system priority areas?</b>	
1. Primary and community care	Secondary
2. Services for patients with complex medical conditions and/or frail patients (including dementia)	Primary
3. Mental health and/or substance use	Primary
4. Surgical services (including perioperative services)	NotRelated
5. Rural and remote health care services	NotRelated
<b>Is your current program of research related to Indigenous health?</b>	
1. Indigenous health (including First Nations health)	Secondary
If your research involves First Nations communities, please briefly describe your data management plan and how it accommodates the principles of OCAP®. Please see <a href="https://fnigc.ca/ocapr.html">https://fnigc.ca/ocapr.html</a> for further details. If your research does not involve First Nations communities, please enter "Not applicable".	If your research involves First Nations communities, please briefly describe your data management plan and how it accommodates the principles of OCAP®. Please see <a href="https://fnigc.ca/ocapr.html">https://fnigc.ca/ocapr.html</a> for further details. If your research does not involve First Nations communities, please enter "Not applicable".



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Briefly describe how your program of research addresses the BC health system priority area(s).

Briefly describe how your program of research addresses the BC health system priority area(s).

## THIRD PARTY

### Applicant

Primary	Role	Name	Organization Name
Yes	Principal	Yuliya Tester,	MSFHR-DO NOT USE

### Third Party

Role	Name	Organization Name
Research User Co-Lead	First Tester,	MSFHR-DO NOT USE
Department Head	Second Tester,	MSFHR-DO NOT USE

## ADDITIONAL INFORMATION

### Previous MSFHR Awards (2019)

Does this work build on existing work funded by an MSFHR award? Please indicate "Yes" or "No".

If yes, please provide: 1) Award name, and 2) Award number

### Level of Participation (2019)

Indicate your level of participation in the proposed work (e.g., hours/week, FTE percentage).

### Qualifications and Experience (2019)

Briefly describe why your experience and qualifications make you particularly well-suited for your role in co-leading the activity/ies that is/are the subject of the proposal, making sure to highlight relevant research.

Character limit: 2500

### Selected Publications and Reports (2019RA)

Provide a list of publications associated with the body of knowledge relevant to the research evidence that will be disseminated.

Please limit the list of selected publications or manuscripts in press to **no more than fifteen (15)**. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on recency, importance to the field, and/or relevance to the proposed activity/ies.

Character Limit: 5000

### Team Description (2019)

1. List all additional team members involved in the planning and execution of the proposed work beyond the other Co-Lead, including each member's:

- a. Name and position
  - b. Organization affiliation
  - c. Designation as a researcher or research user. Identify which team members are trainees.
2. Specify each team member's role and area of expertise so as to demonstrate that the team composition is appropriate within the context of the proposed work. Include the level of participation (e.g., hours/week, FTE percentage, etc.) anticipated for each team member listed.

Character Limit: 5000

#### **Purpose (2019RA)**

Describe the purpose of the proposed dissemination event, activity or tool. Be sure to identify the research area being addressed.

Character limit: 1250.

#### **Objectives (2019)**

Describe the objectives of the proposed work and how each will be met.

**Character limit: 1250.**

#### **Response to Reviewers (2019RA)**

If you were unsuccessful in applying to the MSFHR Reach competition with the same proposal in the past, please provide a response to your previous reviews. If this is your first time applying, please enter "Not Applicable" in the text box below.

Character Limit: 2500.

#### **Related Research and Supporting Evidence (2019RA)**

Explain briefly the significance of the research area of focus. What is the significance of the research area to BC health and/or the health system? Include references where appropriate.

Character limit: 2500.



### Description of Proposed Activity (2019RA)

Provide a detailed description of the proposed dissemination activity, tool or product. Include who the desired target audience is, and how the proposed work will be of benefit to them.

Character Limit: 5000.

### Expected outcomes/outputs (2019RA)

Describe the primary expected outcomes and/or outputs of the proposed dissemination activity, tool or product, and how your team will measure and evaluate them.

Character Limit: 1250.

### Engagement of Researchers and Research Users (2019)

How will engagement between researchers and research users continue and/or be monitored, so as to ensure future collaboration beyond the time of this award?

Character Limit: 1250.

### Building KT capacity (2019)

How will the research trainee(s)'s participation enhance their KT experience and skills? How will this experience increase overall KT capacity?

Character Limit: 1250.

### Are you within 5 years of your terminal research degree? (2019)

Yes

### How did you find out about this Program? (2019)

How did you find out about this Program? (e.g., MSFHR website, MSFHR mailing list, posting in research office, etc.)

## UPLOADS

The following pages contain the uploads provided by the applicant:



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Upload Type	File Name	Uploaded By	Uploaded Date
Work Plan and Timeline	Workplan and Timeline.pdf	Shapova, Yuliya	04/08/2019
Budget	2019 Reach Budget Template.pdf	Shapova, Yuliya	04/08/2019
Letter of Support (Cash or In-Kind)	Letter of Support.pdf	Shapova, Yuliya	04/08/2019

# Work plan and Timeline

**BUDGET**

- List details on costs for all human resources, services and supplies, travel, and other eligible expenses. The budget should include appropriate tax.
- The total budget must NOT exceed \$15,000. Please review **Appendix A** in the 2019 Reach competitions guidelines for a list of eligible and ineligible expenses.
- If resources from other sources will be used to complement specific expenses funded by the Reach award (e.g., in-kind or cash contributions), please list them in the last column (Requested or received from other sources).
- Please note that approval must be sought from MSFHR prior to making changes in excess of twenty (20) percent to any one line item listed in the budget submitted with the original application, or the addition of a new budget item. Failure to inform MSFHR of these changes may result in withdrawal of the award.
- To add more lines, please insert rows in the respective categories.

*Note: Expenses already funded by another grant (MSFHR-funded or otherwise) cannot be deferred to an MSFHR Reach Award.*

A. Human Resources	Amount Requested From MSFHR	Justification	Requested or received from other sources (specify source)
Example: Honorarium for guest speaker(s) (up to \$500 CDN per speaker)			
<b>TOTAL Human Resources</b>	\$ -		
B. Services and Supplies	Amount Requested From MSFHR	Justification	Requested or received from other sources (specify source)
<b>TOTAL Services and Supplies</b>	\$ -		
C. Travel	Amount Requested From MSFHR	Justification	Requested or received from other sources (specify source)
<b>TOTAL Travel</b>	\$ -		
D. Other (specify)	Amount Requested From MSFHR	Justification	Requested or received from other sources (specify source)
<b>TOTAL Other</b>	\$ -		
<b>Tax</b>			
<b>TOTAL REQUESTED FROM MSFHR</b>	<b>\$ -</b>		

# Letter of Support



**Grant ID:** 18761  
**Applicant Last Name:** Tester  
**Host Institution:** MSFHR-DO NOT USE  
**Competition:** 2019 Reach  
**Task:** Research User Co-Lead  
**Submitted:** 4/8/2019 11:04:15 AM

## CONTACT INFORMATION

<b>Research User Co-Lead Name</b>	Dr. First Tester
<b>Organization Affiliations</b>	MSFHR-DO NOT USE
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<b>Address</b>	742 Evergreen Terrace Springfield, IL V1V1V1
<b>Phone</b>	123-456-7890 Ext. 54321
<b>Degrees</b>	PHD, University of British Columbia, 2014, Oncology
<b>Web Address</b>	
<b>Health Professional</b>	No - N/A

## ADDITIONAL INFORMATION

### Research User Co-Lead: Level of Participation (2019)

Indicate the level of participation in the proposed work (e.g., hours/week, FTE percentage).

### Research User Co-Lead: Qualifications and Experience (2019)

Briefly describe why your experience and qualifications make you particularly well-suited for your role in co-leading the activity/ies that is/are the subject of the proposal, making sure to highlight relevant research.

Character Limit: 1250.

### Research User Co-Lead: Knowledge Translation Activities (2019)

List any knowledge translation activities you are currently engaged in, or have engaged in, highlighting those relevant to this application.

Character Limit: 1250.

### Research User Co-Lead: Organizational Support (2019)

1. Describe how your organization will support you during your time as a co-lead of the activity/ies that are the subject of this proposal (e.g., protected time, in-kind support, etc.).

2. How will your organization benefit from your participation in this application?

Character Limit: 1250.



**Grant ID:** 18761  
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**Competition:** 2019 Reach  
**Task:** Department Head Approval (C2 and Reach)  
**Submitted:** 4/8/2019 11:15:40 AM

## CONTACT INFORMATION

<b>Department Head's Name</b>	Dr. Second Tester
<b>Organization Affiliations</b>	MSFHR-DO NOT USE
<b>E-mail Address</b>	secondtester16@gmail.com
<b>Address</b>	200 - 1285 West Broadway Vancouver, BC V6H 3X8
<b>Phone</b>	16047142783 Ext.
<b>Degrees</b>	PHD, UBC, 2012,
<b>Web Address</b>	
<b>Health Professional</b>	No - n/a





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FOR HEALTH RESEARCH

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Task: Department Head Approval (C2 and Reach)

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## DEPARTMENT HEAD APPROVAL

1. Do you acknowledge that this primary applicant is in your department and that funds for this project will flow through your department and be used to support this project?

Yes

**2. By submitting this task in the next step, you indicate your support of this project.**